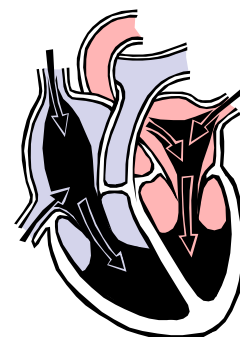


## **Atrial Fibrillation Treatment Choices**

### **What Is Atrial Fibrillation And Why Is It Harmful?**

Atrial fibrillation is a change in the rhythm of the heartbeat. It is a condition that increases your risk of having a stroke. This is caused because the blood is not pumped well from the top of the heart to the bottom of the heart. As a result, clots may form in the heart, break off and travel to the brain to cause the stroke.



If you have atrial fibrillation and you have one of these conditions, your risk of having a stroke is highest.

- Rheumatic heart valve disease (damage to the mitral valve)
- Prior stroke or transient ischemic attack (TIA or mini-strokes)
- Heart failure or lower heart function identified by echocardiogram
- You are 75 years or older
- High blood pressure

If you have atrial fibrillation and you have one of these conditions, your risk of having a stroke is moderate or somewhat higher.

- Diabetes
- Coronary artery disease (without damaged heart function)
- You are between the ages of 65-75 years

### **Can Atrial Fibrillation Be Treated To Lower My Risk Of Stroke?**

There are two medicines that are used to lower the risk of stroke in people with atrial fibrillation. Both of these medicines work by causing your blood to clot less. However, these medicines have positive and negative effects. We call these benefits and risks.



You need to know about the benefits and risks of the different medicines we use. If you understand the benefits and risks, you will be able to decide which medicine you want to use. You may want to discuss this decision with your doctor, family, spouse or friends. There is no right or wrong decision.

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## What Are The Medicines That Treat Atrial Fibrillation?

The two medicines that are used to lower the risk of stroke in people with atrial fibrillation are aspirin or warfarin. Another name for warfarin is Coumadin™. Both medicines are pills that you take by mouth, usually once a day.

Treatment with aspirin or warfarin will lower your risk of a stroke. Both medicines keep blood clots from forming in your heart and then moving to your brain, which causes the stroke. But these treatments are not the same when it comes to ability to prevent a stroke or side effects.

## How are Aspirin and Warfarin Different?

Aspirin thins the blood by keeping a type of blood cell called platelets from sticking together as quickly. This keeps blood clots from forming. When you are treated with aspirin you do not need to have regular blood draws, monitor your diet or have dose changes.

Warfarin can make the blood thinner than aspirin. This happens because blood clotting factors that allow the blood to thicken are not made as quickly. But, it can also make the blood too thin. If your blood becomes too thin, you may have bleeding problems, some mild and some more serious.

To assure the correct level of warfarin, you will need to have routine blood tests. The amount of warfarin you take may change from time to time, and you may need to monitor your diet.



Your warfarin level is monitored through the Anticoagulation Clinic. Clinical pharmacists, who have special skills in managing warfarin, work in this clinic. Their job is to watch your warfarin treatment to make sure that your treatment is safe and is helping you.

You will need to have a blood test at least once a month. A blood test called a Prothrombin Time or INR is used to measure the time it takes your blood to clot (thicken), and to see if the warfarin dose needs to be changed. When the blood test results are ready, usually later the same day, the clinical pharmacists will call you to go over the test results and set up the next blood draw.



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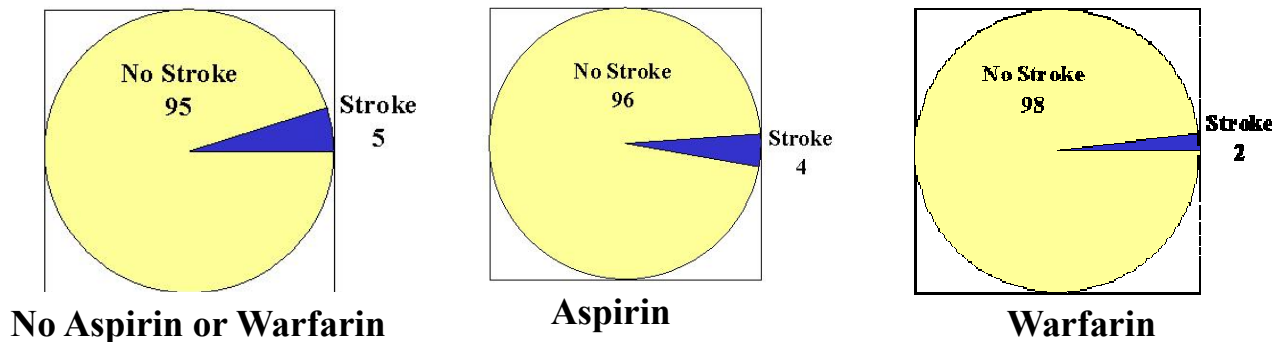
## How do the risks and benefits of the 2 medicines compare?

The benefit of either medicine is that your blood is thinned and your risk of having a stroke is lowered. But, there is still the chance that you might have a stroke or what we call a “bleeding episode.” You need to understand this to make the best decision for you. We’ll explain below.

Risk is explained by asking the question: How often does the risk occur in a group of 100 people. The easiest way to explain this is by looking at some graphs.

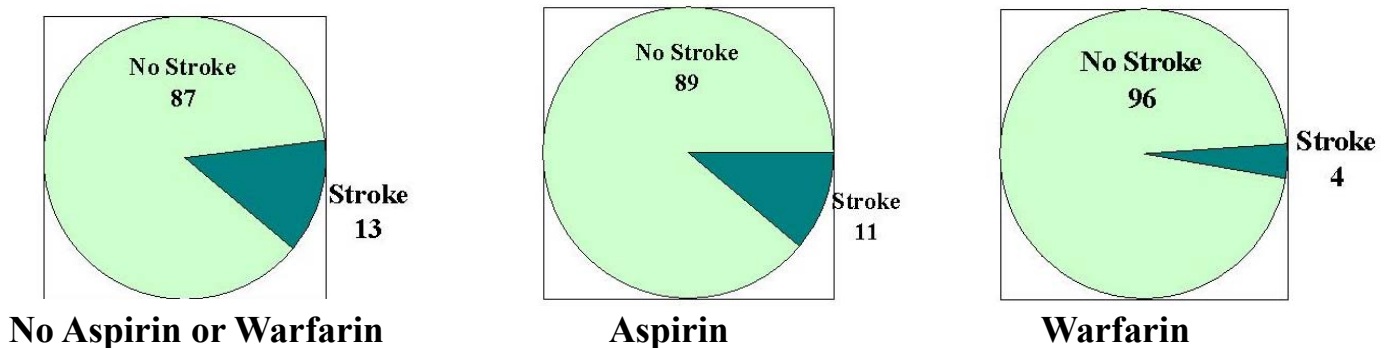
### What is the risk of having your first stroke when you have atrial fibrillation?

The pie charts show the risk of having your first stroke when you have atrial fibrillation. Each group of 100 people had a different treatment.



The light section shows the number of people who did **not** have a stroke  
The dark section shows the number of people who did have a stroke

### What is the risk of having another stroke when you have atrial fibrillation?



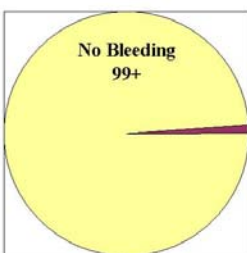
The light section shows the number of people who did **not** have a stroke.  
The dark section shows the number of people who had another stroke.

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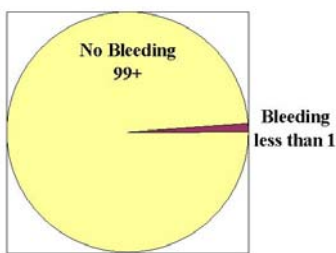
## What is the risk of having a “bleeding episode?”

A “bleeding episode” is another risk. By this we mean, the patient needed to stay in the hospital, have a blood transfusion, or died because of the treatment for atrial fibrillation.

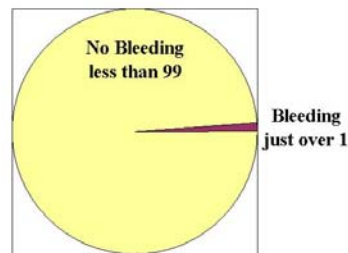
The pie charts show the risk of having a “bleeding episode” when you have atrial fibrillation. Each group of 100 people had a different treatment.



**No Aspirin or Warfarin**



**Aspirin**



**Warfarin**

The light section shows the number of people who did **not** have a “bleeding episode.”

The dark section shows the number of people who had a bleeding episode while they were on the particular treatment.

If you do not understand which group you are most like, ask your doctor. We can setup a telephone call for you to talk with your doctor about this. Please call the VA Northwest Network Telehealth Center at 1-888-233-8305 to schedule an appointment to talk with your provider to have your questions answered.

Write your questions here: \_\_\_\_\_  
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